

TETANUS AND DIPHTHERIA VACCINE (Td)

What you need to know before you or your child gets the vaccine



ABOUT THE DISEASES

Tetanus (lockjaw) and diphtheria are serious diseases. Tetanus is caused by a germ that enters the body through

a cut or wound. Diphtheria spreads when germs pass from an infected person to the nose or throat of others.

Tetanus causes:

serious, painful spasms of all muscles

It can lead to:

- "locking" of the jaw so the patient cannot open his or her mouth or swallow

Diphtheria causes:

a thick coating in the nose, throat, or airway

It can lead to:

- breathing problems
- heart failure
- paralysis
- death

ABOUT THE VACCINES

Benefits of the vaccines

Vaccination is the best way to protect against tetanus and diphtheria. Because of vaccination, there are many fewer cases of these diseases. Cases are rare in children because most get DTP (Diphtheria, Tetanus, and Pertussis), DTaP (Diphtheria, Tetanus, and acellular Pertussis), or DT (Diphtheria and Tetanus) vaccines. There would be many more cases if we stopped vaccinating people.

When should you get Td vaccine?

Td is made for people 7 years of age and older.

People who have not gotten at least 3 doses of any tetanus and diphtheria vaccine (DTP, DTaP, or DT) during their lifetime should do so using Td. After a person gets the third dose, a Td dose is needed every 10 years all through life.

Other vaccines may be given at the same time as Td.

Tell your doctor or nurse if the person getting the vaccine:

- ever had a serious allergic reaction or other problem with Td, or any other tetanus and diphtheria vaccine (DTP, DTaP, or DT)
- now has a moderate or severe illness
- is pregnant

If you are not sure, ask your doctor or nurse.

What are the risks from Td vaccine?

As with any medicine, there are very small risks that serious problems, even death, could occur after getting a vaccine.

The risks from the vaccine are much smaller than the risks from the diseases if people stopped using vaccine.

Almost all people who get Td have no problems from it.

Mild problems

If these problems occur, they usually start within hours to a day or two after vaccination. They may last 1-2 days:

- soreness, redness, or swelling where the shot was given

These problems can be worse in adults who get Td vaccine very often.

Acetaminophen or ibuprofen (non-aspirin) may be used to reduce soreness.

Severe problems

These problems happen **very rarely**:

- serious allergic reaction
- deep, aching pain and muscle wasting in upper arm(s). This starts 2 days to 4 weeks after the shot, and may last many months.

What to do if there is a serious reaction:

- ☞ Call a doctor or get the person to a doctor right away.
- ☞ Write down what happened and the date and time it happened.
- ☞ Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Report form or call: (800) 822-7967 (toll-free)

The **National Vaccine Injury Compensation Program** gives compensation (payment) for persons thought to be injured by vaccines. For details call:

(800) 338-2382 (toll-free)

If you want to learn more, ask your doctor or nurse. She/he can give you the vaccine package insert or suggest other sources of information.





Texas Department of Health

Addendum to Tetanus and Diphtheria Vaccine Information Statement

1. I agree that the person named below will get the vaccine checked below.
2. I received or was offered a copy of the Vaccine Information Statement (VIS) for the vaccine(s) listed above.
3. I know the risks of the diseases this vaccine prevents.
4. I know the benefits and risks of the vaccine.
5. I have had a chance to ask questions about the diseases, the vaccine, and how the vaccine is given.
6. I know that the person named below will have a vaccine put in his/her body to prevent an infectious disease.
7. I am an adult who can legally consent for the person named below to get vaccines. I freely and voluntarily give my signed permission for this vaccine.

Vaccine to be given: Td (Tetanus and Diphtheria) Tetanus

Information about person to receive vaccine (Please print)					For Clinic/Office Use Clinic/Office Address:	
Name: Last	First	Middle Initial	Birthdate	Age	Done Vaccine Administered:	
Address: Street	City	County	State TX	Zip	Vaccine Manufacturer:	
Signature of person to receive vaccine or person authorized to make the request (parent or guardian):					Vaccine Lot Number:	
_____ Date _____					Site of Injection:	
Witness _____ Date _____					Signature of Vaccine Administrator:	
Witness					Title of Vaccine Administrator:	

Texas Department of Health
C-94 (2/99)

CDC VIS Revision (6/10/94)

CONSENT FOR THE TEXAS DEPARTMENT OF HEALTH STATE-WIDE IMMUNIZATION REGISTRY, ImmTrac

1. I authorize the placement of my child's demographic information and immunization record into the Texas Department of Health's Immunization Registry.
2. I authorize the Texas Department of Health's Immunization Registry to release past, present, and future immunization records on my child to a parent of the child and any of the following:
 - A) public health district;
 - B) local health department;
 - C) physician to the child;
 - D) school in which the child is enrolled; and/or
 - E) child care facility in which the child is enrolled.
3. I understand that I may withdraw the consent to place information on my child in the immunization registry and my consent to release information from the registry at any time by written communication to the Texas Department of Health, Immunization Registry, 1100 W. 49th Street, Austin, Texas, 78756.

Yes. Add my child's information into the Texas Department of Health's Immunization Registry.

No. Do not add my child's information into the Texas Department of Health's Immunization Registry.

Signature of parent, guardian, or managing conservator

Date of signature

Instructions: Store the parental consent statement in the patient's chart.

Texas Department of Health

C-94 (2/99)